U.S. Department of Labor
 Office of Labor-Management
 Standards
 Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7042	2. Fiscal Year Covered From:
	1/1/2009 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert F ONEIT	Name Local 1510 Mic Higon Regionel course / forper
	Labor Organization File Number 540484
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1700 Harbour View DR.	Street 1219 15+ ave 304/1
city marcualte	City Escavaba
State <i>M 1</i> ZIP Code + 4 49855	State M / ZIP Code + 4 49829
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	lusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City .	
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	lying documents), has been examined by the signatory and is, to the best of the
Signed Robert onlice	On 8-8-05 906-228-2913
	Date Telephone Number

Kobert ON 21/1		The Number 0
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Local 15/0 a pprentizes to patrarriag Trade Name, if any: Carpenters. P.O. Box, Bldg., Room No., if any Street 65 25 Centarian Drive City Lansing State ms ZIP Code + 4 4/39/7-923		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name (See above) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing trastee of app. Reimbursensent i	rentras 141p FUND. Recieved For conference Expenses
City State ZIP Code + 4	12.a. Nature of interest heli 9// Rembous INcarred in	d or income received. Sement are For Expenses o mx capacity as xrusten
	12.b. Amount.	195,72
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

	12.b. Amount. 6,05 §	1 79
		* Care Control of the
State ZIP Code + 4	Incared in my capacity ast	
City	12.a. Nature of interest held or income received. 2// Reimbursenest are For E	V DeNees
and the second of the second o	11.b. Approximate dollar value of such dealing.	A company of the comp
P.O. Box, Bldg., Room No., if any Street		a traverse as a substitution of the second
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Trade Name, if any:	Expercus	cu
Name	trastee of Pension Fund. R. seimbursement for conference	eciebrel.
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	100.1 - 10
State 711 ZIP Code + 4 4 8 9 / 7 - 92 25		
City Lansing.		
Street 65 25 centurion Dribe		
P.O. Box, Bldg., Room No., if any	c. Employer	
Trade Name, if any: carpenters	b. Trust	
Name 20ca/1510 Pension Fanco Trade Name, if any: carpenters	a. Labor Organization	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
dealing with your labor organization or with a trust in which your labor organization	ation is interested.	
substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or inc	vely seeking to represent, or	

13.a. Name and address of Emplo	yer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).			
The second secon			
· Company of the comp	2	and the second s	
P.O. Box, Bldg., Room No., if an			
Street			
City			
State	ZIP Code + 4		:
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		14.b. Amount of payment.	
13.b. Is the Business an Employe	or Consultant ?		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

C. Received from any employer (other than an employer covered under parts A and B above)

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Lucal 1510 HealTH care Fand. Trade Name, if any: Carpenters P.O. Box, Bldg., Room No., if any Street 6525 Centurion Drive City Lansing. State Mi. ZIP Code + 4 48917 927	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sec ながい Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Thuster of HeatHeare Fund. Reviews Reimburgement For continuous Expenses
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. all reimbursement are for Expences. Incared in my eapacity as trustee
	12.b. Amount. 4/18.65

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,